

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation DEFENDERS OF WILDLIFE ACTION FUND		3. FEC Identification Number C C90007907
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1130 17TH ST NW		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☒ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

THROUGH

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

1667.72

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

William Lutz

08/20/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
7 Eleven

Date

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 8Mailing Address
105 East 37th St

Amount

60.00

City
LovelandState
COZip Code
80538Purpose of Expenditure
gasCategory/
Type

Office Sought:

☒ House

State: CO

House

☐ Senate☐ President

District: 04

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Marilyn MusgraveCalendar Year-To-Date Per Election
for Office Sought

330.96

Disbursement For:
2008☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Office Depot

Date

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 8Mailing Address
3500 S College Ave

Amount

2.12

City
Fort CollinsState
CO

Zip Code

Purpose of Expenditure
suppliesCategory/
Type

Office Sought:

☒ House

State: CO

House

☐ Senate☐ President

District: 04

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Marilyn MusgraveCalendar Year-To-Date Per Election
for Office Sought

2187.26

Disbursement For:
2008☐ Primary☒ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Ambassador Parking

Date

M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 0 8Mailing Address
16th and Market

Amount

2.00

City
DenverState
CO

Zip Code

Purpose of Expenditure
parkingCategory/
Type

Office Sought:

☒ House

State: CO

House

☐ Senate☐ President

District: 04

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Marilyn MusgraveCalendar Year-To-Date Per Election
for Office Sought

18.00

Disbursement For:
2008☐ Primary☒ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

64.12

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 3**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Pizza Hut

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	8

Mailing Address
2567 S Shields #B

Amount

City
Fort CollinsState
COZip Code
80526

23.11

Purpose of Expenditure
pizza for canvassersCategory/
Type

Office Sought:

☒

House

State: CO

House

☐

Senate

District: 04☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Marilyn MusgraveCalendar Year-To-Date Per Election
for Office Sought

330.64

Disbursement For:
2008☐

Primary

☒

General

☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Budget Rental

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Mailing Address
2925 S College Ave #11

Amount

City
Fort CollinsState
COZip Code
80525

1580.49

Purpose of Expenditure
van rentalCategory/
Type

Office Sought:

☒

House

State: CO

House

☐

Senate

District: 04☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Marilyn MusgraveCalendar Year-To-Date Per Election
for Office Sought

3160.98

Disbursement For:
2008☐

Primary

☒

General

☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures

1603.60

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

1667.72